



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
(Your Official Headquarters Address)

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

TO: (Your Bureau Center Director, CFO Hospital, Lab Deputy Director - CDC)

FROM:

RE: Out of State Travel or In State Overnight Travel

DATE:

Your approval is requested for () Out of State travel or () In State Overnight travel for (Name of Traveler), a consultant with the Division of

Name:

Conference/Meeting:

Location of Conference/Meeting:

Dates of Travel:

Approximate Costs:

Ground Travel:	
Hotel:	
Meals:	
Other:	
TOTAL:	

*****INSERT DESCRIPTION OF TRAVEL & JUSTIFICATION*****

(Name of Traveler) has sufficient funds in his/her contract to pay for this trip. Please let me know if you have any questions or concerns about this request. Thank you.

Approved ☐

Not Approved ☐

(Signature of Your Bureau Center Director, CFO Hospital,
Lab Deputy Director - CDC)

Date